

CLIENT FAMILY ID# \_\_\_\_\_

## ADDGS CLIENT INTAKE FORM

**NOTE:** For this form, **CLIENT** refers to the individual with memory difficulties.  
**CAREGIVER**, refers to the **person most responsible** for elder client's care.

**DATE OF INTAKE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**CLIENT NAME** \_\_\_\_\_  
First name Surname

**ADDRESS** \_\_\_\_\_

City State Zip (Required) **PHONE** \_\_\_\_\_

**CAREGIVER NAME** \_\_\_\_\_  
(Name of person most responsible for client's care) First name Surname

**ADDRESS** \_\_\_\_\_

City State Zip(Required) **PHONE** \_\_\_\_\_

**CAREGIVER'S relationship to the CLIENT:**

- \_\_\_\_\_ no caregiver identified
- \_\_\_\_\_ spouse/domestic partner
- \_\_\_\_\_ child/child-in-law
- \_\_\_\_\_ sibling
- \_\_\_\_\_ other relative
- \_\_\_\_\_ friend/neighbor
- \_\_\_\_\_ professional care manager

### PART 1: INFORMATION ABOUT **CLIENT**

1. **CLIENT gender:** \_\_\_\_\_ male \_\_\_\_\_ female

2. **CLIENT marital status:** \_\_\_\_\_ single \_\_\_\_\_ married/domestic partner \_\_\_\_\_ widowed \_\_\_\_\_ other

3. **CLIENT's birth date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

4. **Does CLIENT have Alzheimer's disease?** \_\_\_\_\_ Yes, Alzheimer's disease or other dementia has been medically diagnosed  
\_\_\_\_\_ Probably, Alzheimer's disease or other dementia is suspected  
\_\_\_\_\_ Memory or cognitive problems suspected  
\_\_\_\_\_ No (Record other diagnosis if known) \_\_\_\_\_

5. **Geographic location of CLIENT's residence :**

- \_\_\_\_\_ a rural or farm community (fewer than 2,500 people)
- \_\_\_\_\_ small city or town that is not suburb of a larger city (2,500 to 50,000 people)
- \_\_\_\_\_ a medium sized city or suburb of medium size city (50,000 to 100,000 people)
- \_\_\_\_\_ a large city or suburb of large city (more than 100,00 people)
- \_\_\_\_\_ an Indian reservation

**6. Where does the *CLIENT* reside?**

\_\_\_\_ Lives in house or apartment with others(s) (go to 6a)



- \_\_\_\_ Lives **alone** in house or apartment (skip to 7)  
 \_\_\_\_ Lives in a group environment with assistance (skip to 7)  
     (not a nursing home)  
 \_\_\_\_ Lives in nursing home (skip to 7)  
 \_\_\_\_ Other \_\_\_\_\_ (skip to 7)

**6a. If *CLIENT* lives in house or apartment, how many people reside in the household? (Include the *CLIENT* in the total number.)**

\_\_\_\_ Total Persons in household



**7. How much help, if any, does *CLIENT* need with each of these activities?**

(Check response)	needs no help/ no supervision	need some help/ occasional supervision	needs a lot of help/ constant supervision	can't do it at all
(a) Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Getting in and out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Getting around inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Doing heavy housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Doing light housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Cooking/preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Buying/getting food/clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Getting around outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) Going places outside of walking distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) Managing money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(o) Taking medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(p) Using telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Which of these categories is closest to *CLIENT's* total annual income ?**  
 (If *CLIENT* is married include income of spouse)

- \_\_\_\_ under \$8,000  
 \_\_\_\_ \$8,000 - \$11,999  
 \_\_\_\_ \$12,000 - \$14,999  
 \_\_\_\_ \$15,000 - \$19,999  
 \_\_\_\_ \$20,000 - \$29,999  
 \_\_\_\_ \$30,000 and over

**9a. Is the *CLIENT* of Spanish, Hispanic or Latino origin?** \_\_\_\_ No

\_\_\_\_ Yes (Record group, eg. Mexican, Chicano, Cuban)

**10. In which language(s) is the *CLIENT* fluent?** \_\_\_\_\_ English  
(check all that apply) \_\_\_\_\_ Spanish  
\_\_\_\_\_ Other, list: \_\_\_\_\_

**NOTE: – DO NOT RECORD THIS INFORMATION IF THE CAREGIVER IS A PROFESSIONAL.**

12. CAREGIVER'S birth date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

14. CAREGIVER'S marital status? ☐ single  
☐ married/domestic partner  
☐ widowed  
☐ other

**15b. Which of the following categories best describes *CAREGIVER*'s race?**

☐ White

☐ Black, African-American or Negro

☐ American Indian or Alaskan Native (Record principal tribe) \_\_\_\_\_

☐ Asian (Record Race) \_\_\_\_\_

☐ Pacific Islander (Record Race) \_\_\_\_\_

17. CAREGIVER's employment status: ☐ works full-time  
☐ works part-time  
☐ retired but works part-time  
☐ fully retired  
☐ homemaker  
☐ unemployed

\_\_\_\_ other

18. What is the highest grade in school that *CAREGIVER* completed?

- \_\_\_\_ 8<sup>th</sup> grade or less  
\_\_\_\_ attended high school  
\_\_\_\_ high school graduate (Diploma or GED)  
\_\_\_\_ some college or post high school training  
\_\_\_\_ Associate degree (AA, AS, etc)  
\_\_\_\_ Bachelor's degree (BS, BA, etc.)  
\_\_\_\_ graduate degree

19. During the past week, about how many hours total did the *CAREGIVER* help *CLIENT* with :

#hours per week

- (a) eating, bathing, dressing or helping with toilet functions \_\_\_\_  
(b) meal preparation, laundry or light housework \_\_\_\_  
(c) providing transportation to appointments and/or shopping \_\_\_\_  
(d) legal matters, banking or money matters \_\_\_\_

20. Approximately how far away in travel time

does *CAREGIVER* live from *CLIENT*? \_\_\_\_ 0 minutes (caregiver lives with Elder Client)  
\_\_\_\_ minutes

21. Which of the following services is the *CLIENT FAMILY* currently using?

(Check ALL services that are used by either the *CLIENT* OR the *CAREGIVER* )

- |  |                                       |
|--|---------------------------------------|
| ____ companion or friendly visitor   | ____ transportation services          |
| ____ supervision   | ____ case management                  |
| ____ homemaker services  | ____ support groups                   |
| ____ chore services  | ____ caregiver training program       |
| ____ personal care services  | ____ psychological counseling         |
| ____ home health services  | ____ group meals/home delivered meals |
| ____ adult daycare center/ adult day health                                  | ____ other service, list: _____       |
| ____ respite in a nursing home, adult foster<br>home, or someone else's home |                                       |

22. Which of these categories is closest to the *CAREGIVER*'s total annual HOUSEHOLD income excluding any income of the *CLIENT*?

- |                          |                          |
|--------------------------|--------------------------|
| ____ under \$8,000       | ____ \$20,000 - \$29,999 |
| ____ \$8,000 - \$11,999  | ____ \$30,000 - \$39,999 |
| ____ \$12,000 - \$14,999 | ____ \$40,000 and over   |
| ____ \$15,000 - \$19,999 |                          |